

# Form CAFC401 – Petition for Change of Name

## (For Adult Individual)

I am a resident of the following county  
in the State of Missouri:

In the Circuit Court of

MISSOURI

If this is an amended petition, what is  
the case number of the pending case?

Case Number

Division Number

*Answer all questions on this form completely.*

### Your Information

1. My current full legal name is: *(You are the “Petitioner” in this case.)*

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

2. I want to change my name to:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

3. ☐ This is the first petition I have filed in this case. (Original Petition)  
☐ This is the second petition I have filed in this case.

4. My mailing address is:

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City)*

\_\_\_\_\_  
*(State)*

\_\_\_\_\_  
*(Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(E-Mail Address)*

5. My mother’s full maiden name is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

6. My father’s full name is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

7. My husband’s or wife’s full name is:

\_\_\_\_\_  
*(First Name)*

\_\_\_\_\_  
*(Middle Name)*

\_\_\_\_\_  
*(Last Name)*

\_\_\_\_\_  
*(Jr./Sr./III)*

8. My birth date is: *(mm/dd/yyyy)* \_\_\_\_\_

9. My place of birth is: *(City)* \_\_\_\_\_ *(State)* \_\_\_\_\_

10. The change of my name would not be detrimental to any other person.

## Residence Information

11. I reside in the Country of \_\_\_\_\_.
12. I reside in the State of \_\_\_\_\_.
13. I reside in the County of \_\_\_\_\_.

## Children's Information

14. I have \_\_\_\_\_ child(ren) who is/are listed below.
- |   |                                    |
|---|------------------------------------|
| a. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
| b. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
| c. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
| d. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
| e. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
| f. _____<br><i>(Child's full name as it appears on the birth certificate)</i> | Age: _____<br><i>(Child's Age)</i> |
15. The place of the residence of the child(ren) is/are: *(State the address(es) of the children)*
- \_\_\_\_\_
- \_\_\_\_\_

## Information about Previous Names

16. Check one of the two boxes.
- ☐ My name has never been changed.
- ☐ My name has previously been changed as follows: *(State when and where and by what court)*
- \_\_\_\_\_
- \_\_\_\_\_

## Additional Information

17. Check all boxes that apply.
- ☐ I am the victim of a crime based upon domestic violence as defined in §455.200, RSMo.
- ☐ I am the victim of a child abuse as defined in §210.110, RSMo.
- ☐ I am the victim of abuse by a family or household member as defined in §455.010, RSMo.

## Information about Judgments and Cases against Me

18. Check one of the two boxes.

- ☐ There are no unsatisfied money judgments against me.
- ☐ There are unsatisfied money judgments against me in the following cases:  
(State the style of the case in which the judgment was entered and the court in which the judgment was entered.)

\_\_\_\_\_

\_\_\_\_\_

19. Check one of the two boxes.

- ☐ There are no cases pending against me requesting money.
- ☐ The following cases are pending against me in which money is requested:  
(State the style of the case and the court in which it is pending)

\_\_\_\_\_

\_\_\_\_\_

## Request for Relief

THEREFORE, I want the court to change my name from the name stated in Paragraph 1 above to the name stated in Paragraph 2 above.

Petitioner, being of lawful age and duly sworn on his or her oath, states that he or she is the petitioner named above and that the facts stated in this Petition for Change of Name are true according to his or her best knowledge and belief.

▶ \_\_\_\_\_  
SIGN HERE PRINT YOUR NAME HERE

Subscribed and sworn to this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:  
\_\_\_\_\_

Sign this in front of a  
Notary Public

This should only be  
completed if a lawyer  
helped you with this  
form

### ATTORNEY INFORMATION (To be completed by your attorney)

\_\_\_\_\_  
Attorney – SIGN HERE

\_\_\_\_\_  
Missouri Bar Number

\_\_\_\_\_  
Attorney for Movant – PRINT YOUR NAME HERE

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Fax Number)

\_\_\_\_\_  
(Email Address)

Do not enter any  
information here if you are  
filing this case without the  
assistance of a lawyer.

This information should  
be completed by your  
attorney.

☐ I have assisted  
Petitioner in the preparation  
of these pleadings, but I am  
not entering my appearance  
on behalf of Petitioner.

IN THE CIRCUIT COURT OF \_\_\_\_\_, MISSOURI

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Petitioner(s),

} Case No. \_\_\_\_\_  
 Division No. \_\_\_\_\_

### Change of Name Judgment

#### Parties

1. *Appearances (Check all that apply)*

- ☐ Petitioner(s) appears in person. ☐ Petitioner(s) appears by attorney. ☐ Petitioner(s) appear by Next Friend.  
☐ \_\_\_\_\_ appears in person. ☐ \_\_\_\_\_ appears by attorney.

2. The court finds that the change of name(s) would be proper and would not be detrimental to the interests of any other person.

3. The name(s) of Petitioner(s) is/are changed as follows:

From	To	Birth Date

#### Change of Birth Records

4. ☐ It is further ordered that the Division of Health and Senior Services, Bureau of Vital Statistics for the State of Missouri alter the birth certificate(s) of Petitioner(s) to reflect this judgment. This judgment shall be mailed by the Petitioner(s) to the Division of Health and Senior Services  
☐ It is further ordered that the State of \_\_\_\_\_ alter the birth certificates(s) of Petitioner(s) to reflect this judgment. This judgment shall be mailed by the Petitioner(s) to the appropriate state of birth of Petitioner(s).

#### Notice

5. ☐ Notice of the change of name(s) shall be published at least once each week for three consecutive weeks in the following newspaper of general circulation:

☐ No notice of change of name is to be published because the petitioner is the victim of a crime based upon domestic violence as defined in §455.200, RSMo; or the victim of child abuse as defined in §210.110, RSMo; or the victim of abuse by a family or household member, as defined in §455.010, RSMo.

### Court Costs

6. ☐ Court costs are to be paid from the court cost deposit(s) previously posted.  
☐ Court costs are waived.

### Waiver of Right to Rehearing *(If case is heard by a Commissioner pursuant to §487.010, RSMo et seq.)*

- ☐ We, the undersigned parties, do hereby acknowledge receipt of the findings and recommendations of the commissioner and waive the right to file a motion for rehearing in this case.

*(If heard by a Family Court Judge)*

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

*(If heard by a Family Court Commissioner)*

Findings and Recommendations of Commissioner:

\_\_\_\_\_  
Commissioner

\_\_\_\_\_  
Date

All orders and these findings and recommendations of the Commissioner are confirmed and adopted as the judgment of the court.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Date

A certified copy of this judgment is to be mailed to the following person(s): *(Check all applicable boxes)*

☐ Petitioner's Attorney

☐ Petitioner

☐ Petitioner

\_\_\_\_\_  
*(Signature of Attorney)*

\_\_\_\_\_  
*(Signature of Petitioner)*

\_\_\_\_\_  
*(Signature of Petitioner)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(City) (State) (Zip)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

\_\_\_\_\_  
*(Telephone Number)*

**CONFIDENTIAL CASE FILING INFORMATION SHEET – DOMESTIC RELATIONS CASES****Required at Case Initiation and with Responsive Filings****INSTRUCTIONS:**

- ✓ Complete this form for all parties known at the time of filing. Provide the most appropriate Case Type and Party Type codes and descriptions. (Found on the Case Types List and Party Types List at [www.courts.mo.gov](http://www.courts.mo.gov) on the Court Forms/Filing Information page.)
- ✓ If additional space is needed, complete additional Confidential Case Filing Information Sheets.

**NOTE:** The **full** Social Security Number (SSN) is **required** pursuant to Section 509.520 RSMo if the party is a person.

Filing Date: \_\_\_\_\_ County/City of St. Louis: \_\_\_\_\_

Style of Case: \_\_\_\_\_  
(i.e. Petitioner v. Respondent)

Case Type Code: \_\_\_\_\_ Case Type Description: \_\_\_\_\_

**Petitioner/Plaintiff Information:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Respondent/Defendant Information:**

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

Party Type Code: \_\_\_\_\_ Party Type Description: \_\_\_\_\_

Name (if person): (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Organization (if non-person): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: ☐ Male ☐ Female SSN: \_\_\_\_\_

Attorney Name (if represented by counsel): \_\_\_\_\_ Bar ID: \_\_\_\_\_ Party Type Code: \_\_\_\_\_

**Employer Information**

Petitioner/Plaintiff Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Respondent/Defendant Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The following information regarding children is required. Complete this section for any child subject to the action of this case.

\*MACSS – Missouri Automated Child Support System

**Children:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: ☐ Male ☐ Female Optional: MACSS Member Number (to be completed by the court): \_\_\_\_\_
☐ Check if more than ten children and attach additional sheet

Submitted by: \_\_\_\_\_ Bar ID (required if attorney): \_\_\_\_\_

Address (if not shown on previous page): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*IMPORTANT: It is the parties' responsibility to keep the court informed of any change of address or employment.\*

**Instructions to Clerk**

**Maintain the closed portion(s) of the record in a sealed manila envelope within the file. The file can be maintained with other open records. If a request is made to review the open portion of the file, the envelope can be removed from the file. Access to the record must be restricted to avoid access to the closed portion of the record.**